CSU Service Learning for Family Health

AGENCY SERVICE POST-SURVEY, YEAR 3

HEALTH PROMOTION CLASP MEMBERS – GETTING THINGS DONE/STRENGTHENING COMMUNITIES

Agency Information

Agency Name: ____________________________ Date: ________________
Address: ________________________________ State: _______ Zip: __________
Name of person completing survey: ________________________________
Title: ________________________ Phone: ___________ Email: ______________

AmeriCorps Member Name(s): ________________________________________

Please circle the number or response which indicates your agreement with each of the following statements:

1. As a direct result of the SLFH members, our Organization has increased the number of clients we serve.
   
2. Through the efforts of the SLFH members, our Organization has expanded its services.
   
3. SLFH members, service learners, and volunteers have provided other benefit(s) to our Organization, such as capacity building.
   
4. If you agree, please provide an educated guess about the other benefit(s):

5. Our Organization’s volunteer management system is:

6. As a result of the SLFH members, our Organization has found it effortless to train and supervise service learners and volunteers in planned and meaningful work.

7. Our Organization has a person who is responsible for providing an orientation, training, and supervision to each service learner and volunteer.
   
   Who is that person (include title)? ____________________________

8. Does your Organization provide an orientation to service learners and volunteers?

   Yes 
   No

9. The orientation is extremely thorough.

   Who provides the orientation? ____________________________
10. Does your Organization provide supervision throughout the service-learner’s and volunteer’s experience?

If so, who supervises? ________________________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

11. The supervision provided allows service learners and volunteers to easily access a staff member to ask questions or address a situation.

12. Please describe your volunteer management system: ____________________________________________

13. Our Organization communicates with:

<table>
<thead>
<tr>
<th>the Service-Learning Office</th>
<th>OR</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

14. Has the presence of the SLFH members increased the frequency of communication with the University?

<table>
<thead>
<tr>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

15. Our Organization communicates with the office or person identified above in Question #13.

| 1 | 2 | 3 | 4 | 5 |

16. As a result of the information provided by the SLFH members, our Organization is knowledgeable about the type of training provided by the University for service learners and volunteers.

| 1 | 2 | 3 | 4 | 5 |

17. As a result of the SLFH members, our lines of communication with the University work well.

| 1 | 2 | 3 | 4 | 5 |

18. Our Organization understands the policies and procedures of the University as they relate to service learning.

| 1 | 2 | 3 | 4 | 5 |

19. Due to the presence of the SLFH members, our Organization is prepared to thoroughly train each service learner and volunteer to be able to perform the necessary tasks.

| 1 | 2 | 3 | 4 | 5 |

20. As a result of this program, our partnership with the University recognizes strengths and assets and addresses needs of both parties.

| 1 | 2 | 3 | 4 | 5 |

21. Additional Comments:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________